

ASS. REC. BY: ADRIAN

REF: CS/CTI21006025/Auc

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SLF 5011L**
 at Workshop m/s **SK AUTOMOBILE**
 of _____
 Insured: **PC 1296B**
 Policy No. **DMB1SNA00007262000**
 Claims No. **SNM21D202854/C02**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **8** days Res.: Yes or No
 Lum Sum: **20** % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SLF5011L** Yr Reg: **2016 August.**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Mazda 3.** c.c. **1496**
 Colour: **Bronze** A/C: Insured / Std / Nil / NA
 Sp. Reading: **55791** T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: **Jm68M42A8G0346705.**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/60R16**
 R: **205/60R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Newton.**
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **21/05/21.**
 Survey held at **S.K.**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Chkn.
1/6/2021@10.18am	Revise to CTI via Merimen.
1/6/2021	Confirmed final fig L/S \$6200, 8 repair days.
	MV: (RED \$8734.76; 58%)
	PV:
	Nett:

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) **1/6 TYPIST**
 Date/Time, File Return to? _____
 2) _____
 Report Format: **TP**
 Lump Sum / L/S: **\$6200**

Days Of Repair: **8**
 Resurvey No. of Trip: **1**

Add Fee: Site Insp (\$))
 Interview (\$))
 Tech. Inv. (\$))
 Week end (\$))

Survey Fee: _____
 Transportation: _____
 Other: _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	17/05/2021 17:38 (SGT)
Date of Accident	17/05/2021 06:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO STREET 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5011L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARS FOR RENT (2016) PTE. LTD.
Company Reg No	2XXXXX732N
Email Address	margaret.koh@carsforrent2016.com
Mobile Phone No	(Phone) +65-69709119
Alternative Phone No	+65-69709119

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109855704-01
Cover Note Number	-

DRIVER

Name of Driver	TANG KAH WAI(DENG JIAWEI)
NRIC No	SXXXX695D

Date Of Birth	10/10/1975
Occupation	Outdoor
Date Of Driving Pass	02/08/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81835303
Alt. Phone Number	-
Email Address	margaret.koh@carsforrent2016.com
Address	BLK 350 ANG MO KIO STREET 32 #06-116
Address complement	-
Postcode	560350
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1296B
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / TOYOTA HIACE HIROOF AUTO 14 SEATER
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TANG KAH WAI(DENG JIAWEI)
Address	BLK 350 ANG MO KIO STREET 32 #06-116
Address Complement	-
Post Code	560350
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF5011L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Handwritten Signature]

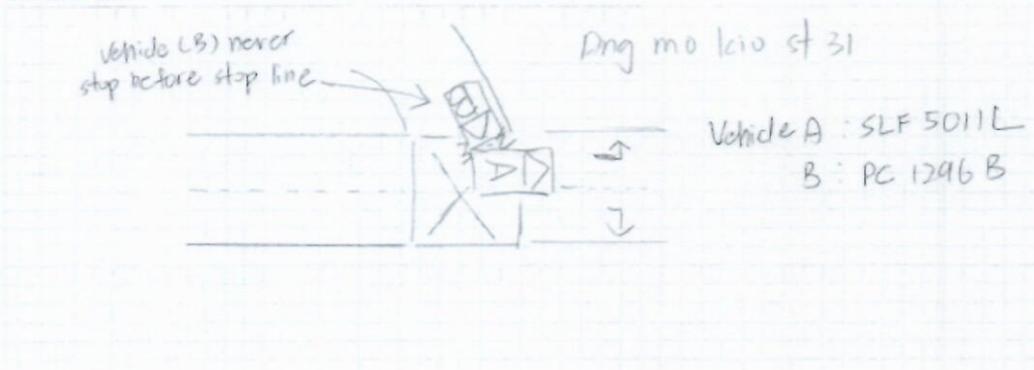
IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
 17 MAY 2021

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Ang mo kio street si along blk 214. I was driving straight, suddenly I felt an impact from my vehicle left portion. After the accident, I found if vehicle (B) came from slip road and vehicle (b) never stop before stop line. As resulted this accident happened.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

g/h wai

Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

17 MAY 2021